



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

512-804-4000 telephone • 512-804-4811 fax • www.tdi.texas.gov

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

Gregory Ennis, MD, PA

Respondent Name

Texas Mutual Insurance Company

MFDR Tracking Number

M4-15-1701-01

Carrier's Austin Representative

Box Number 54

MFDR Date Received

February 6, 2015

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "On October 30, 2014 workers compensation specific services were provided in the form of an examination to determine Maximum Medical Improvement and assign an impairment rating if applicable to ... an injured employee ...

On November 6, 2014 EcCare Health Centers did submit a complete CMS 1500 claim form and a DWC 69 with narrative report to Texas Mutual ... as evidenced by the facsimile transmission log enclosed.

Per rule 133.210 'Medical Documentation paragraph (e); 'It is the insurance carrier's obligation to furnish its agents with any documentation necessary for the resolution of a medical bill. The Division considers any medical billing information or documentation possessed by one entity to be simultaneously possessed by the other.'

The denial for CAC-16 and 225 reason codes is therefore in err and Texas Mutual's refusal to properly reimburse this claim for this date of service October 30, 2014 should be reversed by order of DWC.

EcCare Health Centers recognizes and correctly reads TAC 28 part 2 134.204 demonstrating that reimbursement in the amount of \$500.00 for an MMI exam with assignment of IR to one body area by the DRE method is the correct charge and should be reimbursed by the carrier.

Also enclosed are copies of reconsideration requests that demonstrate that error was communicated to the carrier in the proper manner outlined in TAC 28 part 2 133.250.

EcCare Health Centers states that the amount of \$500.00 is past due payable and that interest should be ordered in addition to the balance of this bill per rule 134.130 of TAC 28 part 2."

Amount in Dispute: \$500.66

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The following is the carrier's statement with respect to this dispute 10/30/2014.

1. The requestor billed code 99456-RE for the date above. Texas Mutual received the bill 11/5/14. No documentation of the report was received with the bill. Texas Mutual denied payment.
2. The requestor submitted a bill to Texas Mutual for the same date of service with codes 99354-RE and 99205-TX. Texas Mutual received this bill 12/17/14. No documentation was received with this bill. Texas Mutual denied payment.
3. The requestor submitted a bill to Texas Mutual for the same date of service with code 99456-RE that Texas Mutual received 1/16/15. Texas Mutual reviewed this bill as a request for reconsideration of the initial bill received 11/5/14 and continued to deny payment. The requestor's use of the 'RE' modifier is inconsistent with the documentation that was finally submitted. The requestor states he was asked by the referring doctor to

determine extent of injury. However, code 99456-RE is to be used with Return to Work (RTW) and/or Evaluation of Medical Care (EMC) exams (See 134.404(k).)

No payment is due.”

Response Submitted by: Texas Mutual Insurance Company

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
October 30, 2014	Evaluation & Management, New Patient (99205) With 1 additional hour of direct contact (99354)	\$500.66	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.203 sets out the fee guidelines for billing and reimbursing professional medical services.
3. 28 Texas Administrative Code §134.204 sets out the fee guidelines for billing and reimbursing Division-specific services.
4. 28 Texas Administrative Code §134.404 sets out the fee guidelines for billing and reimbursing inpatient hospital facility services.
5. 28 Texas Administrative Code §133.210 sets out the requirements for medical documentation with respect to medical billing.
6. 28 Texas Administrative Code §126.14 sets out the procedures for performing, billing, and reimbursing a treating doctor's examination to determine compensable injury.
7. The services in dispute were reduced/denied by the respondent with the following reason codes:

For CPT 99205-TX:

- CAC-150 – Payer deems the information submitted does not support this level of service.
- CAC-16 – Claim/service lacks information or has submission/billing error(s) which is needed for adjudication.
- 876 – Required documentation missing or illegible. See rules 133.1; 133.210; 129.5; or 180.22.
- 890 – Denied per AMA CPT Code description for level of service and/or nature of presenting problems.

For CPT 99534-RE:

- CAC-97 – The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.
- CAC-P12 – Workers' Compensation Jurisdictional Fee Schedule Adjustment.
- 217 – The value of this procedure is included in the value of another procedure performed on this date.
- 892 – Denied in accordance with DWC rules and/or Medical Fee Guideline including current CPT Code descriptions/instructions.

Issues

1. What is the correct fee guideline for review of the disputed services?
2. Did the requestor support CPT Code 99205-TX?
3. Did the requestor support CPT Code 99354-RE?
4. Is the requestor entitled to reimbursement?

Findings

1. The requestor referenced 28 Texas Administrative Code §134.204 to support their request for the disputed services. The insurance carrier referenced 28 Texas Administrative Code §134.404 to support their reason for non-payment.

Review of the submitted documentation finds that the dispute is regarding Evaluation and Management of a new patient – 99205, which is a professional medical service subject to 28 Texas Administrative Code §134.203 with modifier –TX, which is addressed in 28 Texas Administrative Code §126.14. The dispute also

involves a time-extension code – 99354, which is a professional medical service subject to 28 Texas Administrative Code §134.203 with modifier – RE, which is addressed in 28 Texas Administrative Code §134.204. Therefore, each of these fee guidelines will be used to evaluate the disputed services.

The disputed services do not involve charges by a hospital facility for an inpatient stay. Therefore, 28 Texas Administrative Code §134.404 will not be used in the evaluation of the disputed services.

2. 28 Texas Administrative Code §134.203(b)(1) states, in pertinent part, “for coding, billing reporting, and reimbursement of professional medical services, Texas Workers’ Compensation system participants shall apply the following: (1) Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers; ... and other payment policies in effect on the date a service is provided...”

The American Medical Association (AMA) CPT code description for 99205 is:

Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.

The 1997 Documentation Guidelines for Evaluation & Management Services is the applicable Medicare guideline to determine the documentation requirements for the service in dispute. Review of the documentation finds the following:

- Documentation of the Comprehensive History:
 - “An *extended* [History of Present Illness (HPI)] consists of at least four elements of the HPI or the status of at least three chronic or inactive conditions.” Documentation found four elements of the HPI, thus meeting this element.
 - “A *complete* [Review of Systems (ROS)] inquires about the system(s) directly related to the problem(s) identified in the HPI, *plus* all additional systems. [Guidelines require] at least ten organ systems must be reviewed. Those systems with positive or pertinent negative responses must be individually documented. For the remaining systems, a notation indicating all other systems are negative is permissible. In the absence of such a notation, at least ten systems must be individually documented.” Documentation found five systems reviewed with a statement that all other systems were non-contributory. This element was met.
 - “A *complete* [Past Family, and/or Social History (PFSH)] is a review of ... all three of the PFSH history areas.” The documentation finds that two history areas (Past History and Social History) were reviewed. This element was not met.

The Guidelines state, “To qualify for a given type of history all three elements in the table must be met.” A review of the submitted documentation indicates that only two elements were met for a Comprehensive History, therefore this component of CPT Code 99205 was not met.

- Documentation of a Comprehensive Examination:
 - A “*comprehensive* [for a general multi-system] examination ...should include performance of at least two bullets from **each** of nine body systems/areas.” A review of the submitted documentation finds that thirty-five bullets were documented with at least two in each of nine areas. Therefore, this component of CPT Code 99205 was exceeded.
- Documentation of Decision Making of Moderate Complexity:
 - *Number of diagnoses or treatment options* – Review of the submitted documentation finds that a new problem to the examiner was presented with no additional workup planned, thus, not meeting the documentation requirements of Extensive complexity.
 - *Amount and/or complexity of data to be reviewed* – Review of the documentation finds that the requestor reviewed tests in the radiology section of the CPT manual. The documentation also supports that the requestor reviewed tests in the medicine section of the CPT manual. The documentation further supports that the requestor reviewed and summarized old records. The documentation supports that this element met the criteria for extensive complexity of data reviewed.
 - *Risk of complications and/or morbidity or mortality* – Review of the submitted documentation finds that presenting problems included an acute complicated injury with brief loss of consciousness. “The highest level of risk in any one category...determines the overall risk.” The documentation supports that this element met the criteria for moderate risk.

“To qualify for a given type of decision making, **two of the three elements ... must be either met or exceeded.**” A review of the submitted documentation supports that this component of CPT Code

99205 was not met.

Because only one component of CPT Code 99205 was met, the requestor failed to support the level of service required by 28 Texas Administrative Code §134.203.

Further, because the requestor was not the treating doctor requested by the insurance carrier to perform an examination to determine compensability, the modifier 'TX' is not supported according to 28 Texas Administrative Code §126.14.

3. The American Medical Association (AMA) CPT code description for 99354 is: "Prolonged service in the office or other outpatient setting requiring direct patient contact beyond the usual service; first hour." Review of the submitted documentation does not support that time spent in direct patient contact was recorded. Therefore, the requestor has failed to support CPT Code 99354 as required by 28 Texas Administrative Code §134.203. Further, the use of modifier 'RE' is addressed in Texas Administrative Code §134.204 (k), which states, in relevant part, "When conducting a Division or insurance carrier requested RTW/EMC examination, the examining doctor shall bill and be reimbursed using CPT Code 99456 with modifier 'RE.'" Because the fails to indicate that this examination was requested by the Division or the insurance carrier, this modifier is not supported.
4. The disputed services involved in this request were not supported. Therefore, no reimbursement is recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

_____ Signature	Laurie Garnes Medical Fee Dispute Resolution Officer	April 28, 2015 Date
--------------------	---------------------------------------------------------	------------------------

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, 37 *Texas Register* 3833, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.